MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

					VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRITE	RITE AMENDED		1	Registration District No	
VS 300	وا ا		 	_	2. USUAL RESIDENCE (Where deceased lived. / institution: Residence before a. COUNTY Jackson admission)
Rev. 4/59	AMENDED				b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside Limits
1	E AME				TOWN Kansas City Mo. 10 trs. Towkansas City Mo. Yes # No C. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
23 848	DATE				HOSPITAL OR INSTITUTION Residence Yes W No U 135 W 58 St. Yes No #
3 2	<u> </u>				3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Mary Ellen Stockton DEATH 11 - 7 - 1963
4 /					5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 H
5 2					Female White Widowed Divorced 2-13-1882 81 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	S.M.S	1		1	during most of working life, even if retired) Housekeeper Miller Mo. Lawrence Co. ISA
⁷ 0	010			ı	13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Dave Burlison Sarah Ann Winckle Deceased FVERT
8 0	AS F				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
9795 <u>5</u>	١			_	NO NONE 18. CAUSE OF DEATH (Enter only one cause per line for top top one cause per line for top top top one cause per line for top
10	ORD A			DOCUMENT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown ONSET AND DEATH
11	RECO EAD C			χος	C. U. V. DUE TO (L)
12 90 -0	THIS R			֓֟֟֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause (at.) DUE TO (b)
	S S				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chastlian Secential PART III. If deceased was female we there a pregnancy in last 90 day Unknown
	ZIS				Christian Scientis Yes No Unknow
	AMENDMENTS				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO
y Z	AME	-		ŀ	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
K INK RIBBON	.				20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.)
BLACK OR RITER I	READ				21. I attended the deceased from
ñ ≽ KR	01			ľ	22. ADDUCES 22c DATE SIGN
USE BLAC OR TYPEWRITER	SHOULD		'	Ö.	H MA City the hauns lity the 11-8-63
-	ON ON		\dagger	AFFIDAVIT	Removal & Scymore Cemetery OR CREMATORY Removal & Scymore Cemetery N.E. of Miller MO.
	TEM N			Y AF	24. FUNERAL DIRECTORITIES ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
	1 1-	1 [ĺ	۱.,	Freeman Mortuary Kansas City, Mo. 11-0-05

DEC S 1783

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed
Signature of Statem Embanner	P. O. Address 7.0-710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

the transfer of the second statement

la ludi rokka i saasili malees